

**BID COUNTER INTAKE FORM: LEAVE FORM AT BID COUNTER**

**APPLICATION FOR CERTIFICATION OF CONSISTENCY  
WITH THE CITY OF BOSTON'S CONSOLIDATED PLAN**

This page is to be completed by the applicant **and retained by the Bid Counter** at the time the applicant receives the application package. If you receive this application from the web site or by email, please complete it upon receipt of the application and **send it immediately to the DND bid counter** (DND Bid Counter 26 Court St. 10<sup>th</sup> fl. Boston, MA 02108) **or email it to [lyounger.dnd@ci.boston.ma.us](mailto:lyounger.dnd@ci.boston.ma.us)** as well as enclosing it within your completed application.

Please mark the program under which you are planning to apply. Your completed Certification Application must be received at the BID Counter by 4:00 p.m. on the deadline date established for that program. **Late applications will not be accepted.**

Check	HUD Program	HUD App. Deadline	COB Cert Deadline
	Collaborative Initiative to Help End Chronic Homelessness	4/14/03	3/18/03
	ROSS – Neighborhood Networks	5/27/03	5/09/03
	ROSS – Homeownership Supportive Services	7/07/03	6/10/03
	ROSS - Residential Service Delivery Models – Elderly/PWD	6/11/03	5/13/03
	ROSS - Residential Service Delivery Models – Family	6/19/03	5/20/03
	HOPWA Competitive - Renewals	6/17/03	5/19/03
	Housing Counseling Programs (4)	6/25/03	5/27/03
	Family Self-Sufficiency Program Coordinators	5/30/03	5/09/03
	Fair Housing Programs (3)	6/05/03	5/06/03
	YouthBuild	6/06/03	5/07/03
	Section 202 Elderly Housing	6/13/03	5/14/03
	Section 811 Disabilities Housing	6/13/03	5/14/03
	Community Development Technical Assistance Programs (3)	6/04/03	5/06/03
	HOPWA TA	6/04/03	5/06/03
	Lead Paint Hazard Control	6/10/03	5/12/03
	Healthy Homes & Lead Tech. Studies	6/10/03	5/12/03
	Healthy Homes Demonstration	6/10/03	5/12/03
	Self-Help Homeownership (SHOP)	7/03/03	6/04/03
	Comm. Outreach Partners (COPC)	6/24/03	5/26/03
	Continuum of Care Homeless Asst.	7/15/03	6/17/03
	HOPWA Competitive – New Proposals	6/17/03	5/19/03
	Multifamily Service Coordinators	7/10/03	6/11/03
	Assisted Living Conversion Program	7/10/03	6/11/03
	Brownfields Economic Development	7/16/03	6/18/03
	Section 8 - Mainstream Opportunities	6/18/03	5/19/03
<b>For any program not listed above, please fill out all columns; the COB deadline is 4 p.m. 30 days prior to the HUD application deadline.</b>			

I, the undersigned, have received the certification application materials, and am aware of the deadline for submitting the application. I also understand that late applications will not be accepted.

Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Organization \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**FY2003 APPLICATION  
FOR  
CERTIFICATION OF CONSISTENCY  
WITH THE  
CITY OF BOSTON'S CONSOLIDATED PLAN**

APPLICANT ORGANIZATION:

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PROJECT:

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NEIGHBORHOOD:

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Please write below the name of the HUD program under which you plan to apply, the deadline for submitting an application to HUD, and the deadline for submitting this Consolidated Plan certification. *Please carefully review the deadlines as listed in the HUD application in the event of changes from our bid counter intake form.*

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**HUD Program Name**

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**FY2003 HUD Application Date**

4:00 p.m. on \_\_\_\_\_ date: \_\_\_\_\_ / \_\_\_\_\_ /2003

**Certification Application Deadline**

City of Boston  
Thomas M. Menino, Mayor

Department of Neighborhood Development  
Charlotte Golar Richie, Chief of Housing and Director

**APPLICATION FOR CERTIFICATION OF CONSISTENCY  
WITH THE CITY OF BOSTON'S CONSOLIDATED PLAN**

The enclosed application materials must be completed by any organization requesting a certification that their proposed project or activity is consistent with the City of Boston's Comprehensive Plan. Certifications are required for any proposed projects to be located in the City of Boston for which you are applying directly to HUD or indirectly through an agency of the Commonwealth of Massachusetts. *If you are applying to HUD as part of the City's Continuum of Care application you do not need to obtain a separate Certification for your program or project.*

Applications for certifications must be submitted to the Department of Neighborhood Development **not less than 30 days before the deadline for submitting your application to HUD.** The City will not support applications nor provide certifications for applications to be submitted to HUD for which a complete certification application has not been received by 4:00 p.m. on the specified deadline date.

Complete applications may be obtained from and must be submitted to:

**Bid Counter**

Department of Neighborhood Development  
26 Court Street, 10th floor  
Boston, MA 02108  
(617) 635-4828

If you have any questions, please contact Bob Gehret, (617) 635-0242.

**APPLICATION FOR CERTIFICATION OF CONSISTENCY  
WITH THE CITY OF BOSTON'S CONSOLIDATED PLAN**

Please indicate which of the following certifications or determinations you are requesting.  
Check one or more, as appropriate:

- \_\_\_\_\_ Certification that the proposed activities/projects in the application are consistent with the City of Boston's current, approved Consolidated Plan. *You will need to complete and submit this certification application, along with a completed copy of the HUD Certification (form HUD-2991).* **You should contact Laura Younger at the Department of Neighborhood Development at (617) 635-0333.**
- \_\_\_\_\_ Certification that the proposed activities/projects in the application are consistent with the Strategic Plan for the City of Boston's Federally-designated Empowerment Zone (EZ) and that the activities/project will be located in and serve EZ residents. *You will need to submit to the Empowerment Zone a copy of this certification application and HUD Certification (form HUD-2990).* **Contact Christine Araujo at Boston Connects, Inc. at (617) 541-2670.**
- \_\_\_\_\_ Determination that the proposed activities/projects are consistent with and/or address an impediment to Fair Housing as identified in the City's Analysis of Impediments and Fair Housing Plan. *You will need to submit a copy of this certification application and a draft of the relevant narratives from the HUD application package to the Boston Fair Housing Commission.* **Please contact Marlena Richardson at (617) 635-3322.**
- \_\_\_\_\_ Determination that the proposed activities/projects are consistent with the City of Boston's Continuum of Care and that the project will fill an existing gap in the City's Continuum of Care. You will need to submit a copy of this certification application, along with a completed copy of the HUD Certification (form HUD-40076-A-CIECH. **Please contact Laura Younger at the Department of Neighborhood Development at (617) 635-0333.**

## Consolidated Plan Certifications

Pursuant to HUD's regulations at 24 CFR 91.80, proposed applications will be reviewed on the basis of the following minimum requirements:

- The Annual Action Plan must indicate that the City planned to apply or was willing to support an application by another entity under that program.
- The location of the project or activity must be consistent with the geographic target areas (if any) specified in this Annual Action Plan.
- The activities must benefit a category of residents for which the City's four-year Consolidated Plan shows a priority.

In addition to these minimum HUD standards, the City of Boston will also employ the following additional criteria designed to ensure that the proposed application is also consistent with the City's overall neighborhood development objectives of: 1) providing access to and opportunity for safe, affordable, quality housing throughout the city; 2) serving the residents of such housing by providing the appropriate level of services, as necessary; and 3) providing these affordable and supportive housing opportunities in a manner which benefits the surrounding neighborhood. We also want to ensure that the limited available federal funding is targeted to project sponsors who have the capacity to deliver the proposed housing and services. In order to achieve these goals, we will require applicants to meet the following additional criteria for a Consolidated Plan certification.

- *The sponsor must identify a site for the proposed project or the application will not be considered.* This is a requirement for all projects seeking Consolidated Plan certification, even if HUD does not require site control at the time of application. (If the proposal involves only social services not associated with a particular housing development, the location where services will be provided must be identified. If the proposal is for scattered site housing, then the areas in which apartments will be located must be identified. If the proposal involves leasing a building, the building and/or specific neighborhoods in which the building will be leased must be identified).
- *The project sponsor must demonstrate that it has the experience, the financial and the administrative capacity to carry out the proposed program or activity, including any proposed supportive services.* Documentation of experience and capacity must include a listing of any similar projects completed by the sponsor.
- *The project sponsor must describe and document any community outreach that has been conducted to date and outline plans for outreach which will be conducted during project development and implementation.*
- *The sponsor must demonstrate how the proposed project and the proposed site will address the needs of the project's residents.*
- *The project sponsor must demonstrate how the proposed project and proposed site will contribute to the City's goal of ensuring that affordable and supportive housing opportunities will be available throughout the city or, otherwise 1) meets an overriding housing need in the market area or 2) is an integral part of an overall local strategy for the preservation of the immediate neighborhood.*
- *The project sponsor must demonstrate how the proposed project will contribute to enhancing the quality of life and/or the revitalization of the neighborhood in which it is sited.*

- *Project sponsors must demonstrate that the proposed site promotes greater choice of housing opportunities and avoids undue concentrations of assisted persons in neighborhoods with a high proportion of lower-income persons.* The City has defined this standard to reflect HUD's policy of "promoting the provision of assisted housing in a variety of locations by avoiding significant concentrations of low-income families in any one section of a metropolitan area." An undue concentration of low-income families will be defined as location within a census tract with 40% or more of the population with incomes below the federal poverty level.
- *For projects located in census tracts with concentrations of minority populations (census tracts with more than 35.6% Blacks, more than 20.8% Hispanic Origin, or more than 15.3% Asian or Pacific Islanders) the City will review all applications to determine whether or not the proposed project will significantly increase the concentration of low-income persons in such areas.* Sponsors are encouraged to demonstrate that the proposed project will promote economic integration or meet an existing neighborhood need. This policy has been adopted to prevent the concentration of assisted housing in minority neighborhoods.

### **Certifications of Consistency with EZ Strategic Plan**

Many of HUD's competitive applications provide two bonus points for projects located in and serving a federally designated Empowerment Zone. Applicants seeking these bonus points must obtain a certification that the proposed activities/project are a) consistent with the EZ Strategic Plan and b) that the proposed activity/project is located within the EZ and serves EZ residents. Determinations of consistency with the Strategic Plan and issuance of certification of consistency are made by the Support/Certification Committee of Boston Connects, Inc. (Boston's Empowerment zone). **Applicants seeking this certification should contact Christine Araujo at Boston Connects, Inc. at (617) 541-2670.**

### **Affirmatively Furthering Fair Housing & Addressing Impediments to Fair Housing**

In addition to the Certifications of Consistency with the Consolidated Plan and the EZ Strategic Plans, many of HUD's competitive grant programs also require applicants to demonstrate how their proposed project or activity will affirmatively further fair housing by promoting greater housing choice for minority persons and/or persons with disabilities. In general, this means that applicants must describe how their proposed project or activity will assist the jurisdiction in overcoming one or more of the impediments to fair housing choice identified in the City's **Analysis of Impediments to Fair Housing and Fair Housing Plan**, a companion document to the City's **Consolidated Plan**. Applicants should contact Marlena Richardson, at (617) 635-3322 to obtain a copy of the **Analysis of Impediments to Fair Housing and Fair Housing Plan**.

Applicants should complete and submit this Certification Application and submit a copy to the Boston Fair Housing Commission (BFHC). Applicants should also submit to BFHC a draft of the appropriate narrative sections of their HUD application addressing how the project will affirmatively further fair housing and meet an identified impediment to fair housing. The Department of Neighborhood Development will coordinate review of the relevant sections of the Certification Application and the narratives on Fair Housing/Analysis of Impediments with the Boston Fair Housing Commission.

**Project Information****Applicant Organization****Employee I.D. Number****Address****Contact Person****Telephone****E-Mail****Brief Project Description (include number of units for housing projects)****Project Location (please include a map with the project or program identified)**

Address(s) (including zip code)

Neighborhood

Census Tract(s) (If known)

Ward &amp; Parcel ID(s) (if known)

Address Confidential? (Yes or No)

(Specify reason)

**Please Note: To reduce the submission burden, you may substitute appropriate sections of your HUD application for any of the following if the HUD application provides substantially the same information.**

<b>Type of Project or Activity (check the category which fits best)</b>	
	Permanent Housing
	Rental Housing
	Homeownership Housing
	Homeless Facility or Program
	Emergency Shelter
	Transitional Housing
	Economic Development
	Infrastructure
	Public Facilities
	Public Services
	Planning and Administration
	Other (Specify)

Proposed Use of HUD FundsHUD Funds Requested

Acquisition	\$ _____
Rehabilitation	\$ _____
New Construction	\$ _____
Other Physical Improvements	\$ _____
Lease Structure	\$ _____
Lease Units (Scattered Sites)	\$ _____
Rental Assistance	\$ _____
Home Buyer Assistance	\$ _____
Planning	\$ _____
Supportive Services	\$ _____
Operating Costs	\$ _____
Homeless Prevention Activities	\$ _____
Administration	\$ _____
Other (Specify) _____	\$ _____
Total HUD funds requested	\$ _____
Other funds (specify sources)	\$ _____
	\$ _____
	\$ _____
Total Project/Program Costs	\$ _____

Populations Served (check all that apply)	
<input type="checkbox"/>	Elderly (62+)
<input type="checkbox"/>	Frail Elderly
<input type="checkbox"/>	Youth (Ages 6-17)
<input type="checkbox"/>	Children (Under 6)
<input type="checkbox"/>	Chronic Mental Illness
<input type="checkbox"/>	Developmentally Disabled
<input type="checkbox"/>	Physically Disabled
<input type="checkbox"/>	Chronic Substance Abusers
<input type="checkbox"/>	Dually-diagnosed (Mentally Ill & Substance Abuse)
<input type="checkbox"/>	Homeless Individuals
<input type="checkbox"/>	Homeless Families
<input type="checkbox"/>	Persons with HIV/AIDS
<input type="checkbox"/>	Victims of Domestic Violence
<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Other (Specify) _____



Housing Development Projects and Homeless Facilities			
Permanent Housing	Total Units	Bedroom Size(s) *	Total Persons
Rental			
1-4 Unit Bldg			
5 + Unit Bldg			
Homeownership			
1-4 Unit Bldg			
5+ Unit Bldg			
Homeless Facilities	Beds/Units	Bedroom size(s)	Total Occupancy
Emergency Shelter			
Transitional Housing			

\* Please specify number of each bedroom size (10 SROs, 5 1-BR units, 6 2-BR, etc.)

Economic Development Projects	
Type of Project	Number of Jobs
Retain Existing Jobs	
Create New Jobs	
Total	

Public Services/Public Facilities (check all that apply)			
Sub-Population		Number of Service Slots	Number of Persons
	Employment raining		
	Case Management		
	Child Care Services		
	Substance Abuse Services		
	Health Services		
	Mental Health Services		
	Housing Placement		
	Life Skills Training		
	Crime Awareness		
	Handicapped Services		
	Legal Services		
	Transportation Services		
	Screening for Lead-Based Paint		
	Senior Services		
	Youth Services		
	Services for Abused and Neglected Children		
	Other (Specify)		

Income Targeting (check all that apply)			
Income Category		Number of Housing Units	Number of Persons
	Poverty Level		
	Very Low Income (0-30% of Median Family Income)		
	Low Income (31-50% of Median Family Income)		
	Low-Moderate Income (51-80% of Median Family Income)		
	Moderate Income (81-95% of Median Family Income)		
	Over 95% of Median		

**City Assistance (for all Applicants)**

Has the proposed project received any commitment of financial or other assistance from the City of Boston? If so, please describe.

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Is this project part of or located in a target area for any City-sponsored programs or initiatives such as the Boston Main Streets or the Boston Empowerment Zone? Please describe.

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**Community Outreach Process (For all applicants)**

A). Please describe and document any outreach and discussions you have had to date with community residents, organizations, state or city elected officials regarding the proposed project:

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B). Please outline your plans for outreach during project development and implementation:

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**Sponsor Capacity (For all applicants)**

A) Please describe your organization's previous experience in developing and/or operating projects or programs similar to the type for which you are now requesting HUD assistance.

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B) Please describe the organization's financial and administrative capacity and provide documentation showing that your organization has the financial and administrative capacity to carry out the proposed project or activity.

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C) Please describe the supportive services (if any) which will be provided. Identify the proposed service provider, describe their qualifications and experience, and document their willingness and financial capacity to provide the proposed services in conjunction with your project.

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**Site and Neighborhood Considerations (Housing Projects Only)**

A) Please describe the site and major characteristics of the neighborhood in which the proposed project will be located. Explain why you chose this particular site and how this project will contribute to the quality of life and/or the revitalization of the neighborhood in which the project is located.

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B) Please describe how the proposed project will adequately address the needs of the proposed resident population.

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C) Please describe how this particular site is suited to the needs of the proposed resident population.

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D) Please describe how the project will promote economic integration or meet an existing neighborhood need.

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E) Please describe how the proposed project and site promotes greater choice of housing opportunities and avoids undue concentrations of assisted persons in neighborhoods with a high proportion of lower-income persons.

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F) Please describe how the proposed project and the proposed site 1) addresses the City's goal of providing access to affordable and supportive housing opportunities throughout the City and/or 2) meets an overriding housing need which cannot be met by another site in this housing market and/or 3) is an integral part of an overall local strategy for the preservation or restoration of the immediate neighborhood.

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**APPLICATION FOR CERTIFICATION OF CONSISTENCY  
WITH THE CITY OF BOSTON'S CONSOLIDATED PLAN  
HUD FORMS**

**HUD-2991 CERTIFICATION OF CONSISTENCY WITH THE CONSOLIDATED PLAN**

**HUD-2990 CERTIFICATION OF CONSISTENCY WITH THE RC/EZ/EC STRATEGIC PLAN**

**HUD-40076-A-CIECH CERTIFICATION OF CONSISTENCY WITH THE CONTINUUM OF CARE**

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location of the Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying: \_\_\_\_\_

Name of  
Certifying Jurisdiction: \_\_\_\_\_

Certifying Official  
of the Jurisdiction  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certification of Consistency with the RC/EZ/EC Strategic Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in this application are consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), an Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

Applicant Name \_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying \_\_\_\_\_

Name of RC/EZ/EC \_\_\_\_\_

I further certify that the proposed activities/projects will be located within the RC/EZ/EC/Urban Enhanced EC or Strategic Planning Community and will serve the RC/EZ/EC/Urban Enhanced EC, Strategic Planning Community residents, or Renewal Community.  
(2 points)

Name of the  
Official Authorized  
to Certify the RC/EZ/EC \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

# Continuum of Care Certification

U. S. Department of Housing and Urban Development  
Interagency Council on the Homeless

## Certification of Consistency with the Continuum of Care

**I certify that the proposed project, as identified below, is consistent with the Continuum of Care (CoC) plan covering the jurisdiction in which the project will be carried out. In addition, I certify that the proposed project will fill an existing gap in the community's inventory of housing for homeless persons or families in the community.**

(Type or clearly print the following information)

**Applicant Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Location of the Project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of the Federal  
Program to which the  
Applicant is applying:** \_\_\_\_\_

**Name of Certifying  
Continuum of Care  
Jurisdiction:** \_\_\_\_\_

**Certifying Official for  
the Continuum of Care**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_